PAGE 1 / 8 =

STATEMENT OF

05/24/2022 10 : 35

FEC FORM 1			RGAN		_							Ot	fice I	Jse O	nlv			
1. NAME OF	. fII\		Check if nar	ne		e:If typir	ng, type)	12	FE4	4M5			730 0	iiy			_
COMMITTEE (ir			s changed)		over the	e lines.			Н					_				
HUDSON F	OR C	ONG	RESS															Ш
ADDRESS (number a	nd street)	PO BOX	1875															
(Check if a is changed		1			1 1 1	1 1 1			I	I I	ı	I I	ı	1 1	ı	I I		
is changed	<i>1)</i>	Southern	n Pines	1 1 1			1 1		N	Ç		283	88	1 1	-			_
		С	ITY ▲						STA	ATE 4	\			Z	P C	ODE	A	
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		hudso	n@pdscom	npliance	.com													
J	,	Optional	Second E-M	Mail Addre	ss a com													
		aumin	@pdscon	прпапсе	J.COIII													
COMMITTEE'S WEB		,	RL) w.RichardHud	dsonForCo	naress c	om												
is changed																		Ш
2. DATE 02	2 14	D / Y	2019															
3. FEC IDENTIFIC	CATION NU	MBER)	-	C C005	04522													
4. IS THIS STATEM	MENT	NEW	(N) (OR	×	AMEN	DED (A	A)										
I certify that I have e	examined thi	s Stateme	ent and to the	e best of	my knov	wledge a	and bel	ief it	is tru	e, co	rrect	and	con	nplete).			
Type or Print Name	of Treasurer	Kilgore,	Paul, , ,															
Signature of Treasure	er <i>Kilgore</i> ——	e, Paul, , ,			[El	ectronical	ly Filed	į	Date		M 05	M /		24	′	20	22 22	Y
NOTE: Submission of	false, errone		omplete inform		-		_	-					pena	alties	of 52	. U.S.	C. §3	30109.
Office Use Only					Fed Tol	further ideral Election	tion Com 0-424-950	missio								RM 1 2012)	ı	

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate HUDSON, RICHARD, L., , Jr.	
Candidate Party Affiliation REP Sought: House Senate President	State NC District 09
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republica	n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	-
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1C	

	FEC Form 1 (Revised (02/2009)	Page 3
V	Vrite or Type Committee Name HUDSON FOF		
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	HUDSON FREEDOI	И FUND 	
	Mailing Address	228 S WASHINGTON ST STE 115	
	Mailing Address		
		ALEXANDRIA	22314
	_	CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represer	ntative Leadership PAC Sponso
7.	Custodian of Records: Identity books and records.	ify by name, address (phone number optional) and position of the perso	on in possession of committee
	Kilgore, Pa	ul, , ,	
	Full Name		
	Mailing Address	824 S Milledge Ave, Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	706 534 7780
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committe assistant treasurer).	e; and the name and address of
	Full Name Kilgore, Pa	ul, , ,	
	of Treasurer	204 C Milladge Ave Cto 101	
	Mailing Address	824 S Milledge Ave, Ste 101	
		Athens	30605
		CITY ▲ STATE ▲	ZIP CODE 🛦
	Title or Position ▼		
	Treasurer	Telephone number	706 - 534 - 7780

FEC Form	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Tille on Dealth on	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	Telephone n	umber	
	Depositories: List all banks or other depositories in which the commixes or maintains funds.	ttee deposits funds, hol	ds accounts, rents
Name of Bank, I	Depository, etc.		
	Bank of America	1 1 1 1 1 1 1	
Mailing Address	368 George W Liles Parkway NW		
	Concord	NC 28027	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Wells Fargo Bank		
Mailing Address	7901 Wisconsin Ave		
	Bethesda	MD 20814	
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	or Leadershin PAC Snon
HUDSON VICTO	_		,, o. 2000 p 110 0 po
Mailing Address	824 S. MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee Join J	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
connected esignated Agent: Identification of the position of t	Affiliated Committee Join	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

(h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint Jo	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make afety deposit boxes or make and a control of the control o	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

	ng Participant:		
1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
AMERICANS FO	PR BBQ 2022	<u> </u>	
		1 1 1 1 1 1 1 1	
	824 S MILLEDGE AVE STE 101		
Mailing Address			
	ATUENO		20005
	ATHENS	GA GA	30605
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Connection	Affiliated Committee * Affiliated Committee * fy by name, address (phone number – optional)	Joint Fundraising Represer	tative Leadership PAC Spo
Designated Agent: Identi			
Designated Agent: Identi			
Designated Agent: Identi			
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Designated Agent: Identi	fy by name, address (phone number – optiona		ZIP CODE A
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Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Agents or Other Deposite tafety deposit boxes or maken and maken agents.	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _8_ **of** 8___

(h). Joint Fundraisi	ig i ai tioipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spons
2022 PHASE 1 P	ATRIOT DAY JFC		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
'	\$ _		
Connecte	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spo
Connecte		Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint y by name, address (phone number – optional)		
Connecte Designated Agent: Identif	Affiliated Committee y Joint y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Committee y Joint y by name, address (phone number – optional) CITY		
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Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited Stafety deposit boxes or make the stafety deposit boxes or	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Te	STATE A lephone Number	ZIP CODE A
Connected Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites afety deposit boxes or make the safety deposit b	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Te	STATE A lephone Number	ZIP CODE A